

# NEW ENGLAND BAPTIST COLLEGE

## GENERAL RECOMMENDATION

### INSTRUCTIONS

After completing the first section, please give this form to someone you know well. This form should not be given to a relative. No action can be taken on your application until New England Baptist College receives this form.

### TO BE READ AND COMPLETED BY THE APPLICANT

I am authorizing the release of the following information to be considered in my application for admission to New England Baptist College, and I understand that all information will be held in confidence by the college and will not be released to me or anyone else. I understand that this recommendation will be mailed directly to New England Baptist College.

Student's name (please print) _____		Signature of student _____	
Address _____	City _____	State _____	Zip Code _____
( ) _____ Phone number	Semester applied for <input type="checkbox"/> Fall <input type="checkbox"/> Spring 20 _____		

### TO BE READ AND COMPLETED BY THE PERSON RECOMMENDING THE APPLICANT

Thank you for taking the time to complete this recommendation. Your comments will be given serious attention and will be held in confidence by the college. Please answer all the questions. Should we need further information, we will contact you by telephone.

What is the nature of your relationship to the applicant? \_\_\_\_\_

Please rate the applicant as to the following characteristics:

Characteristic	Excellent	Good	Average	Below Average	Unknown
Christian character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General intelligence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to get along with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faithfulness to church	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How long have you known the applicant? \_\_\_\_\_

List significant strengths and special abilities of the applicant. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you want your children to be in close association with the applicant? \_\_\_\_\_

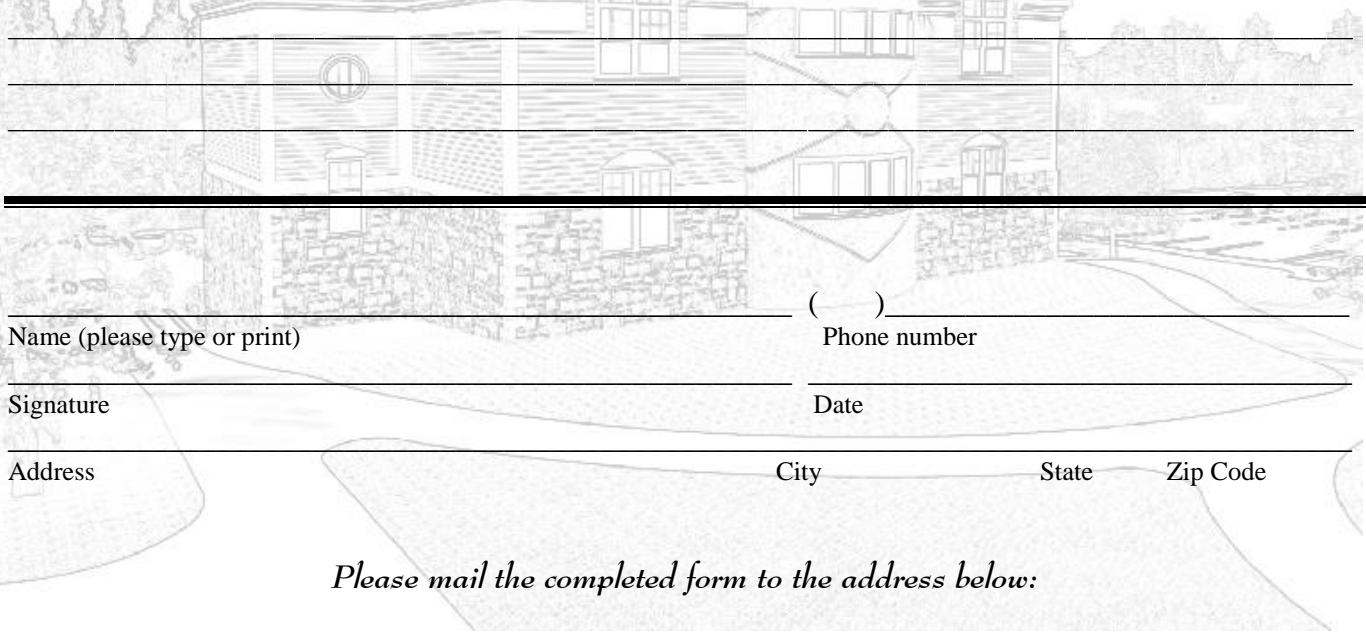
If no, why not? \_\_\_\_\_

Do you know of any reason which should prevent the applicant from being accepted to attend New England Baptist College? \_\_\_\_\_ if so, please state reason. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To your knowledge, has the applicant accepted Jesus Christ as personal Savior? \_\_\_\_\_

To your knowledge, has the applicant followed Christ in believer's baptism? \_\_\_\_\_

You may use the space below for any additional information. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Name (please type or print)

( ) \_\_\_\_\_  
Phone number

Signature

\_\_\_\_\_ Date

Address

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip Code

*Please mail the completed form to the address below:*

**NEW ENGLAND BAPTIST COLLEGE**  
1541 WEST STREET \* SOUTHINGTON, CT 06489  
860-621-6701 \* [nebc@centralbaptistchurch.net](mailto:nebc@centralbaptistchurch.net)